

PROGRAM AND EXPENDITURE PLAN MENTAL HEALTH SERVICES ACT PREVENTION AND EARLY INTERVENTION

Fiscal Years 2007-08 and 2008-09

PART I: PURPOSE, BACKGROUND AND DEFINITIONS

Purpose

The Mental Health Services Act requires that the California Department of Mental Health (DMH) shall establish guidelines for the content of the Prevention and Early Intervention (PEI) Plan that each county mental health program shall submit as part of the County's Three Year Program and Expenditure Plan. The purpose of this document is to set forth the proposed guidelines and proposed criteria for the release of Prevention and Early Intervention program funds to counties. These proposed guidelines and criteria will be forthcoming in regulations.

Time Period

These proposed guidelines cover the period FY 2007-08 and 2008-09, for the initial implementation of PEI. The subsequent Integrated Plan requirements are expected to be consistent with these proposed requirements, with a streamlined response required from counties that already have approved PEI plans.

Background

The Mental Health Services Act (MHSA) represents a comprehensive approach to the development of community-based mental health services and supports for the residents of California. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support the local mental health system. To provide for an orderly implementation of MHSA, DMH has planned for sequential phases of development for each of the five components. Ultimately, all five components will be integrated into the counties' Three-Year Program and Expenditures Plans with a continuum from prevention and early intervention to comprehensive, intensive interventions for those in need. The five components are:

- Community Services and Supports
- Workforce Education and Training
- Capital and Technology
- Prevention and Early Intervention
- Innovation

Statute

Statutory authority for PEI is from Welfare and Institutions Code, Division 5, Part 3.6, Section 5840. Please refer to Appendix 1 for statutory language.

Building the PEI Framework

Throughout its progression, developing the PEI framework has been a collaborative and dynamic process. The Mental Health Services Oversight and Accountability Commission (OAC) and its PEI Committee, composed of diverse members with experience in prevention and early intervention programs and services, held a series of ten public meetings to collect input and feedback as each subsequent draft of a policy paper was developed. Those involved in drafting and refining the policies included the OAC, the DMH, the California Mental Health Planning Council (CMHPC), the California Mental Health Directors Association (CMHDA), and statewide and community stakeholders. Out of this comprehensive process came joint policies—based on each organization’s principles and ongoing stakeholder input—that emphasize:

- Key PEI community mental health needs:
 - Disparities in access to mental health services
 - Psycho-social impact of trauma
 - At-risk children, youth, and young adult populations
 - Stigma and discrimination
 - Suicide risk;
- PEI priority populations:
 - Underserved cultural populations
 - Individuals experiencing onset of serious psychiatric illness
 - Children/youth in stressed families
 - Trauma-exposed
 - Children/youth at risk for school failure
 - Children/youth at risk of juvenile justice involvement; and
- State-administered projects:
 - Suicide Prevention
 - Stigma and Discrimination Reduction
 - Ethnically and Culturally Specific Programs and Interventions
 - Training, Technical Assistance and Capacity Building
 - Statewide Evaluation

The OAC approved the policy recommendations, which then became the framework for these PEI draft proposed guidelines. Final development came after the stakeholder input process, in broadly-inclusive stakeholder meetings held throughout California that included specific processes and representation from a number of ethnic and cultural groups and transition-age youth.

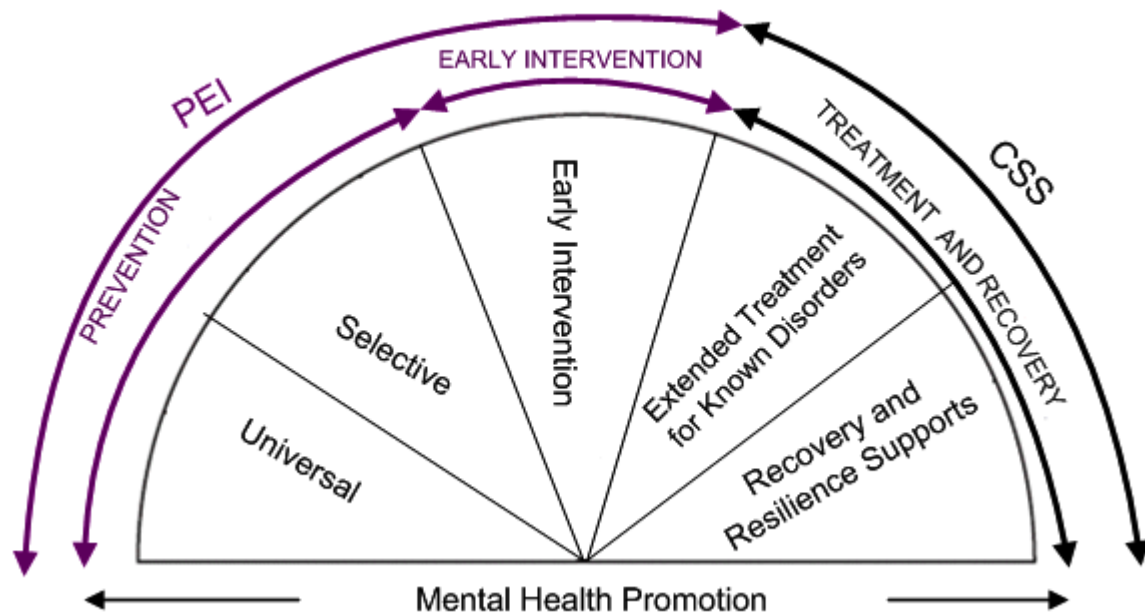
For background information on the PEI policies, please refer to the document, “MHSOAC Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction,” adopted by OAC on January 26, 2007 (available at website: <http://www.dmh.ca.gov/MHSOAC/docs/PolicyRecMHSAPeI.pdf>).

Operational Definition of Prevention and Early Intervention

To clearly delineate the funding parameters for the PEI component of MHSA and to distinguish PEI from Community Services and Supports (CSS) and other components, the following elements comprise the operational definition of PEI.

While prevention and early intervention occur across the entire mental health intervention spectrum, the policy foundation constructed by the OAC and its PEI Committee, DMH, and CMHDA defines the PEI component of the MHSA as **programs and interventions at the early end of the spectrum**.

Mental Health Intervention Spectrum Diagram



Source: Adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000)

Prevention

The **Prevention** element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as **Universal** and **Selective**, both **occurring prior to a diagnosis** for a mental illness. (For MHSA purposes, IOM's **Indicated** prevention category fits into the operational definition for Early Intervention, as explained in the next section).

Prevention interventions may be classified according to their target groups (IOM):

Universal: target the general public or a whole population group that has not been identified on the basis of individual risk. (Examples: education for school-aged children and youth on mental illnesses; gatekeeper training on warning signs for suicide and how to respond).

Selective: target individuals or a subgroup whose risk of developing mental illness is significantly higher than average. (Examples: behavioral health consultation to support groups for older adults who have lost a spouse; screening women for post partum depression).

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. Universal voluntary screening may also be a prevention intervention to facilitate early identification of potential mental health problems or concerns. MHSA calls for an approach to prevention that is integrated, accessible, culturally competent, strengths-based, effective, and that targets investments with the aim of avoiding costs (in human suffering and resources) for treatment services.

Generally, there are no time limits imposed on prevention programs and many are low cost. Cost sharing is a viable option for many prevention programs, especially those that serve multiple purposes (e.g., universal voluntary early childhood screening, youth development, constructive parenting education, social and support groups, health guidance).

Early Intervention

Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems or concerns thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. Examples include parent-child interaction training for children with behavioral problems, anger management guidance, and socialization programs with a behavioral health emphasis for home-bound older adults with signs of depression.

For individuals participating in PEI programs, the Early Intervention element:

- Addresses a condition early in its manifestation
- Is of relatively low intensity
- Is of relatively short duration
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services

- May include individual screening for confirmation of potential mental health needs

Please refer to the Mental Health Intervention Spectrum shown on Page 3.

Prevention and Early Intervention as a Whole

An objective of PEI is to increase capacity for mental health prevention and early intervention programs led or supervised by behavioral health professionals or other appropriately qualified individuals in organizations and systems where people in the community currently go for purposes other than mental health treatment services.

PEI programs have the following characteristics:

- 1) Consistent with MHSA transformational principles, potential program participants and their families are involved in planning, implementing and evaluating PEI programs.
- 2) Programs are designed and implemented in collaboration with other systems and/or organizations.
- 3) Programs are generally delivered in a natural community setting (for example, tribal/Native American center, refugee resettlement agency, preschool and school, family resource center, juvenile justice probation department, comprehensive services for home-bound older adults, primary health care, community-wide wellness center).
- 4) Programs link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or an other appropriate mental health services provider. Programs help individuals navigate systems (e.g., understand Medi-Cal or private health plan benefits and identify providers) to obtain needed services.
- 5) Programs also help link individuals and family members to other needed services, particularly in the areas of substance abuse treatment, community, family or sexual violence prevention and intervention, and basic needs.
- 6) Workplans include a combination of sufficient prevention programs and, for those individuals who need it, early intervention to achieve desired PEI outcomes. This may be accomplished by coordinating efforts with partners' existing programs.
- 7) Programs are consistent with non-supplant requirements, collaboration and leveraging principles, and all MHSA statutory and regulatory requirements.

PEI funding is to be used to achieve specific PEI outcomes for individuals, programs/systems and communities. PEI funding is to be used to prevent mental health problems or to intervene early with relatively short duration and low intensity approaches to achieve intended outcomes, *not* for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

Exception for Early Onset of a Serious Psychiatric Illness with Psychotic Features

There is an exception for use of PEI funds for the type of program and interventions described in the PEI Resource Materials for Early Onset of a Serious Psychiatric Illness, or similar programs with comparable effectiveness. The standards of low intensity and short duration do not apply to services for individuals experiencing early onset of a serious psychiatric illness with psychotic features that receive this type of transformational intervention.

Further Distinction of PEI from CSS

Some of the Community Services and Supports (CSS) Workplans (particularly in the Outreach and Engagement element) contain a variety of partnerships with non-mental health entities to improve the identification of mental health issues, enhance referral relationships, co-locate services, and build the capacity of these entities to deliver mental health services. Many plans, for example, include partnerships with ethnic/cultural community based entities and/or with health care sites. These CSS Outreach and Engagement efforts have many elements in common with the recommended PEI strategies. What distinguishes these CSS activities from PEI strategies?

Distinction in Intent and Practice: The intent of the CSS outreach and engagement strategies was to reduce the barriers to services for individuals who would otherwise qualify for CSS mental health services; i.e., persons with serious mental illness or children/youth with serious emotional disturbances. To distinguish, the intent of the PEI strategies is to engage persons prior to the development of serious mental illness or serious emotional disturbances, or, in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health treatment.

In practice, the content of the CSS Outreach and Engagement partnership program is not always restricted to increasing access only for those with serious mental illness or emotional disturbances. It is possible, therefore, that some of the CSS work plans now being implemented may meet the criteria for PEI funding.

Counties wishing to transfer a CSS-funded activity to PEI funding should:

- Ensure that the workplan meets PEI requirements
- Complete and submit a Plan Amendment for its CSS Plan (refer to instructions at www.dmh.ca.gov/DMHDocs/docs/notices06/06-15.pdf, DMH Information Notice No.: 06-15)
- Provide full details about the activity in the PEI Plan, according to the PEI proposed guidelines